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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/381,334	11/18/1999	KARI VIRTANEN	PM264014 3837	
909	7590 01/07/2004		EXAMINER	
PILLSBURY WINTHROP, LLP P.O. BOX 10500			iQBAL, KHAWAR	
MCLEAN, VA 22102			ART UNIT	PAPER NUMBER
,			2686	25

Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No.	Applicant(s)			
Interview Summary	09/381,334	VIRTANEN, KARI			
merview Summary	Examiner	Art Unit			
	Khawar Iqbal	2686			
All participants (applicant, applicant's representative, PTO	personnel):				
(1) Khawar Iqbal.	(3) <u>Ms. Marsha Banks Harold</u> .				
(2) Ms. Christine Hoeft McCarthy	(4)				
Date of Interview: <u>30 December 2003</u> .					
Type: a)☐ Telephonic b)☐ Video Conference c)☒ Personal [copy given to: 1)☒ applicant	2)⊡ applicant's representative	P]			
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) 🗹 No.				
Claim(s) discussed: 1-4 13 mb4					
Identification of prior art discussed: Josse et al. (U.S. Patent # 6,104, 929)					
Agreement with respect to the claims f) was reached. g) was not reached. h) N/A.					
Substance of Interview including description of the general reached, or any other comments: An agreem proposed founds "subscriber-specific acces" (A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached.	dments which the examiner ag copy of the amendments that w	reed would render the claims			
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR FORM, WICHEVER IS LATER, TO FILE A STATEMENT OF Summary of Record of Interview requirements on reverse states.	e last Office action has already THE MAILING DATE OF THI OF THE SUBSTANCE OF THE	been filed, APPLICANT IS S INTERVIEW SUMMARY			
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Marsha D. Banks-Harold MARSHA D. BANKS-HAROLD SUPERVISORY PATENT EXAMINER					
	TECHNOLÖGY CENTER 260	0			
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.	Examiner's sign	ature, if required			